



**YUMA COUNTY
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT**

FOR OFFICE USE ONLY

1. _____
Full Name of Committee

Address

City ZIP Code County Phone Number

2. _____
Sponsoring Organization (if applicable)

Name of Candidate and Office Sought (if applicable)

E-mail Address

3A. ID#

**Primary Election: August 30, 2016
General Election: November 8, 2016**

4. REPORTING PERIOD (Please check appropriate box)

DUE BETWEEN

- a. ☐ **JANUARY 31 REPORT** - For Period of
November 25, 2014 through December 31, 2015 January 1, 2016 and February 1, 2016
- b. ☐ **JUNE 30 REPORT** - For Period of
January 1, 2016 through May 31, 2016 June 1, 2016 and June 30, 2016
- c. ☐ **PRE-PRIMARY ELECTION REPORT** - For Period of
June 1, 2016 through August 18, 2016 August 19, 2016 and August 26, 2016
- d. ☐ **POST-PRIMARY ELECTION REPORT** - For Period of
August 19, 2016 through September 19, 2016 September 20, 2016 and September 29, 2016
- e. ☐ **PRE-GENERAL ELECTION REPORT** - For Period of
September 20, 2016 through October 27, 2016 October 28, 2016 and November 4, 2016
- f. ☐ **POST-GENERAL ELECTION REPORT – 4th Quarter** - For Period of
October 28, 2016 through December 31, 2016 January 1, 2017 and January 15, 2017

SUMMARY

	Column A Total this Reporting Period	Column B Election Period Total To Date
5(a). Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5(b). Cash on Hand at the Beginning of this Reporting Period (ending balance from the previous reporting period)		
5(c). Total Receipts <i>[from corresponding columns on Detailed Summary Page, Line 8]</i>		
5(d). Subtotal <i>[add Lines b and c for Column A and add Lines a and c for Column B]</i>		
6(a). Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) <i>[Do not add or subtract this line from the other lines]</i>		
6(b). Total Disbursements <i>[from corresponding columns on Detailed Summary Page, Line 18]</i>		
7. Cash on Hand at Close of Reporting Period <i>(Subtract Line 6b from Line 5d)</i>		

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

1. Committee Name: _____

2. ID# _____

3. Report covering period from _____ thru _____

RECEIPTS

4. Contributions other than loans and in-kind:
- (a) Individuals - more than \$25 (Total from Schedule A)
 - (b) Individuals - aggregate \$25 or less (Total from Schedule A-1)
 - (c) Political Committees (Total from Schedule B)
 - (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]
 - (e) Refund of contributions (Total from Schedule F-2)
 - (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)
- (b) All other loans (Total from Schedule C-1)
- (c) Total Loans [add 5(a) and 5(b)]
6. In-kind contributions (Total from Schedule E)
7. Dividends, Interest, and other forms of receipts (Total from Schedule F-1)
8. Total Receipts [add 4(f), 5(c), 6, and 7]

COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE

DISBURSEMENTS

9. Expenditures for operating expenses (Total from Schedule D)
10. Independent Expenditures (Total from Schedule D-1)
11. Value of In-kind expenditures (Total from Schedule E)
12. Loans made by reporting committee (Total from Schedule D-2)
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)
- (b) Repayment of all other loans (Total from Schedule D-5)
- (c) Total Loan Repayments [add 13(a) and 13(b)]
14. Transfers to other political committees (Total from Schedule D-6)
15. Any other disbursement (Total from Schedule D-7)
16. Subtotal disbursements [add lines 9,10, 11, 12, 13(c), 14, and 15]
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)
18. Total disbursements [subtract line 17 from line16]
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief; it is true, correct, and complete.

Type or Print Name of Treasurer

Signature of Treasurer or Candidate or Designating Individual

Date

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
a.	LAST _____ FIRST _____ MI _____			
	STREET ADDRESS _____			
	CITY _____ STATE _____ ZIP _____			
	OCCUPATION _____ EMPLOYER _____			
b.	LAST _____ FIRST _____ MI _____			
	STREET ADDRESS _____			
	CITY _____ STATE _____ ZIP _____			
	OCCUPATION _____ EMPLOYER _____			
c.	LAST _____ FIRST _____ MI _____			
	STREET ADDRESS _____			
	CITY _____ STATE _____ ZIP _____			
	OCCUPATION _____ EMPLOYER _____			
d.	LAST _____ FIRST _____ MI _____			
	STREET ADDRESS _____			
	CITY _____ STATE _____ ZIP _____			
	OCCUPATION _____ EMPLOYER _____			
e.	LAST _____ FIRST _____ MI _____			
	STREET ADDRESS _____			
	CITY _____ STATE _____ ZIP _____			
	OCCUPATION _____ EMPLOYER _____			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(a), Column A]			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

LIST \$5 CLEAN ELECTION QUALIFYING CONTRIBUTIONS SEPARATELY ON SCHEDULE A-2

CONTRIBUTIONS OF \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

4. AGGREGATE TOTAL OF CONTRIBUTIONS OF \$25 OR LESS

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
5. TOTAL THIS PERIOD <i>[Transfer total to Detailed Summary Page, Line 4(b), Column A]</i>		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE <i>[Transfer total to Detailed Summary Page, Line 4 (b), Column B]</i>

* If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.
LIST \$5 CLEAN ELECTION QUALIFYING CONTRIBUTIONS SEPARATELY ON SCHEDULE A-2

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

1. Committee Name

3. Report covering period from thru

4.	CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
a.	ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED			
b.	ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED			
c.	ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED			
d.	ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED			
e.	ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED			
f.	ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED			
g.	ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED			
h.	ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED			
i.	ID#	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]			

CANDIDATE LOANS

SCHEDULE C

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME, AND ADDRESS FROM WHOM RECEIVED			
a.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C <i>[If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]</i>			

OTHER LOANS

SCHEDULE C-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

ALL OTHER LOANS		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN			
a.	<div>NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div>NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div>DESCRIPTION</div>			
b.	<div>NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div>NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div>DESCRIPTION</div>			
c.	<div>NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div>NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div>DESCRIPTION</div>			
d.	<div>NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div>NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div>DESCRIPTION</div>			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 <i>[If last page of Schedule C-1, transfer total to Detailed Summary Page, (line 5(b), Column A)]</i>			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
a.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</div>		
b.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</div>		
c.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</div>		
d.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</div>		
e.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</div>		
f.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF ITEMS OR SERVICES PURCHASED</div>		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D <i>[if last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]</i>		

* Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED		
a.	<div style="border: 1px solid black; padding: 5px;">NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>PURPOSE AND DESCRIPTION OF PURCHASE</div> <div>Benefitted • Opposed •</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>CANDIDATE</div> <div>OFFICE SOUGHT</div> <div>YEAR OF ELECTION</div> </div> </div>		
b.	<div style="border: 1px solid black; padding: 5px;">NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>PURPOSE AND DESCRIPTION OF PURCHASE</div> <div>Benefitted • Opposed •</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>CANDIDATE</div> <div>OFFICE SOUGHT</div> <div>YEAR OF ELECTION</div> </div> </div>		
c.	<div style="border: 1px solid black; padding: 5px;">NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>PURPOSE AND DESCRIPTION OF PURCHASE</div> <div>Benefitted • Opposed •</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>CANDIDATE</div> <div>OFFICE SOUGHT</div> <div>YEAR OF ELECTION</div> </div> </div>		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 <i>[if last page of Schedule D-1, transfer total to Detail Summary Page Line 10, Column A]</i>		

* SEE A.R.S. §16-901 (14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
i.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page, Line 12, Column A]		

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND RECEIVED	AMOUNT OF THE REFUND
	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED		
a.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF REFUND</div>		
b.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF REFUND</div>		
c.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF REFUND</div>		
e.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF REFUND</div>		
f.	<div>NAME, ADDRESS, CITY, STATE, AND ZIP</div> <div>DESCRIPTION OF REFUND</div>		
5.	<div>ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, Transfer total to Detail Summary Page, Line 17, Column A]</div>		

*Includes return of contributions made by reporting committee

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP		
b.	NAME, ADDRESS, CITY, STATE, ZIP		
c.	NAME, ADDRESS, CITY, STATE, ZIP		
d.	NAME, ADDRESS, CITY, STATE, ZIP		
e.	NAME, ADDRESS, CITY, STATE, ZIP		
f.	NAME, ADDRESS, CITY, STATE, ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 <i>[Transfer total to Detail Summary Page, Line 13(a), Column A]</i>		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detail Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name _____

2. ID#

3. Report covering period from _____ thru _____

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detail Summary Page, Line 14], Column A]		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE, DESCRIPTION		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detail Summary Page, Line 15, Column A]		

IN-KIND CONTRIBUTIONS AND EXPENDITURES

SCHEDULE E

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	IN-KIND CONTRIBUTIONS AND EXPENDITURES		DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	CONTRIBUTION ●			
	EXPENDITURE ●			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	CONTRIBUTION ●			
	EXPENDITURE ●			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	CONTRIBUTION ●			
	EXPENDITURE ●			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	CONTRIBUTION ●			
	EXPENDITURE ●			
	DESCRIPTION			
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E (if last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A)			
6.	ENTER TOTAL IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E (if last page of Schedule E, transfer total to Detailed Summary Page Line 11, Column A)			

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
a.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION OF RECEIPT</div>		
b.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION OF RECEIPT</div>		
c.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION OF RECEIPT</div>		
d.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION OF RECEIPT</div>		
e.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION OF RECEIPT</div>		
f.	<div style="border: 1px solid black; padding: 2px;">NAME, ADDRESS, CITY, STATE ZIP AND ID#</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DESCRIPTION OF RECEIPT</div>		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 <i>[if last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]</i>		

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
a.	NAME, ADDRESS, CITY, STATE ZIP AND ID# DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE ZIP AND ID# DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE ZIP AND ID# DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE ZIP AND ID# DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE ZIP AND ID# DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE ZIP AND ID# DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 <i>[if last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(e), Column A]</i>		

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name _____

2. ID# _____

3. Report covering period from _____ thru _____

4.	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED				
a.	NAME, ADDRESS, CITY, STATE ZIP AND ID#				
	DESCRIPTION OF DEBT				
b.	NAME, ADDRESS, CITY, STATE ZIP AND ID#				
	DESCRIPTION OF DEBT				
c.	NAME, ADDRESS, CITY, STATE ZIP AND ID#				
	DESCRIPTION OF DEBT				
d.	NAME, ADDRESS, CITY, STATE ZIP AND ID#				
	DESCRIPTION OF DEBT				
e.	NAME, ADDRESS, CITY, STATE ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [if last page of Schedule F-3, transfer total to Detailed Summary Page, Line 19, Column A]				